


Amendment No. _____



Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2694

House Bill No. 1522*

by deleting the following language from Section 1:

The department of transportation is directed to erect suitable signs or affix suitable markers designating the bridge described in subdivision (e)(1) as the "Trooper Roy Mynatt Memorial Highway".

and substituting instead the following:

The department of transportation is directed to erect suitable signs or affix suitable markers designating the segment described in subdivision (e)(1) as the "Trooper Roy Mynatt Memorial Highway".



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Amendment No. _____

Signature of Sponsor

FILED	4-17-18
Date	
Time	2:10
Clerk	RC
Comm. Amd	

AMEND Senate Bill No. 1935*

House Bill No. 2025

by deleting subdivision (b)(3)(A) in Section 40-38-604 in Section 1 and substituting instead the following:

(A) There exists an ongoing criminal case that may result or a criminal case that has resulted in a conviction by a judge or jury or by a defendant's guilty plea, in which the applicant, or the minor or person with a disability on whose behalf the application was filed, was a victim of domestic abuse, stalking, human trafficking, rape, sexual battery, or any other sexual offense; or

AND FURTHER AMEND by deleting from subdivision (b)(3)(B) of Section 40-38-604 of the amendatory language of SECTION 1 the language "or an ex parte protection order".



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Amendment No. _____

Signature of Sponsor

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Date	_____
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Comm. Amdt.	_____

AMEND Senate Bill No. 1649

House Bill No. 1599*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 49, Chapter 11, Part 1, is amended by adding the following as a new section:

(a) An employer that accepts or employs a student who is participating in work-based learning coordinated through the student's LEA or a state institution of higher education, including, but not limited to, Tennessee colleges of applied technology:

(1) Shall not be liable for actions relating to that student unless the employer acted willfully or with gross negligence; and

(2) May elect to provide workers' compensation insurance coverage to compensate a participating student for any injury that is covered under the Workers' Compensation Law, compiled in title 50, chapter 6. Notwithstanding subdivision (a)(1), if an employer elects to provide workers' compensation insurance coverage pursuant to this subdivision (a)(2):

(A) The coverage shall serve as the participating student's exclusive remedy for any compensable injury that is covered under the Workers' Compensation Law; and

(B) The employer shall not disclaim the participating student's eligibility for such coverage.

(b) An LEA or state institution of higher education that coordinates work-based learning for students shall maintain liability insurance coverage for all participating students. If an employer elects to provide workers' compensation insurance coverage to a participating student pursuant to subdivision (a)(2), then the LEA or state institution of



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higher education shall maintain liability insurance coverage to compensate the participating student for any injury that is not covered under the Workers' Compensation Law.

(c) For purposes of this section, an employer shall not be prohibited from employing a student who is under the age of eighteen (18); provided, that the employer is in compliance with state and federal law.

SECTION 2. Tennessee Code Annotated, Title 49, Chapter 11, is amended by adding the following as a new part:

49-11-901. As used in this part:

(1) "Department" means the department of economic and community development;

(2) "Grant" means a qualified work-based learning student grant issued pursuant to this part;

(3) "Grant fund" means the qualified work-based learning student grant fund established by § 49-11-902(b); and

(4) "Qualified work-based learning student" means a student who:

(A) Is enrolled in a secondary or postsecondary work-based learning course coordinated through the student's LEA or a state institution of higher education, including, but not limited to, Tennessee colleges of applied technology;

(B) Is receiving academic credit or credit toward completion of a career and technical education program for the work-based learning course;

(C) Performing the duties associated with the work-based learning course in this state; and

(D) Is supervised by a teacher, faculty member, or staff member of the LEA or state institution of higher education.

49-11-902.

(a) There is established a qualified work-based learning student grant program, to be administered by the department.

(b) There is created a separate fund within the general fund to be known as the qualified work-based learning student grant fund.

(c) The grant fund is composed of:

(1) Funds specifically appropriated by the general assembly for the grant fund; and

(2) Gifts, grants, and other donations received for the grant fund.

(d) Moneys in the grant fund shall be invested by the state treasurer for the benefit of the grant fund pursuant to § 9-4-603. Interest accruing on investments and deposits of the grant fund shall be returned to the grant fund and remain a part of the grant fund.

(e) Any unencumbered funds and any unexpended balance of the grant fund remaining at the end of any fiscal year shall not revert to the general fund, but shall be carried forward until expended in accordance with this section.

(f) Moneys in the grant fund may be expended only with the approval of the department and in accordance with this section.

49-11-903.

Any employer that accepts or employs qualified work-based learning student may apply to the department for a grant in a manner determined by the department.

49-11-904.

(a) The grant amount allowed under this part shall be limited to five thousand dollars (\$5,000) per employer in any calendar year.

(b) The total amount of grants provided to employers under this part shall not exceed one million dollars (\$1,000,000) for any calendar year.

49-11-905.

An employer must submit an application, in a form prescribed by the department, along with any supporting documentation required by the department, by July 15

following the calendar year in which the employer accepted or employed a qualified work-based learning student. No grant shall be allowed under this part to an employer that fails to submit an application by the July 15 deadline. By September 15 following the July 15 deadline established in this section the department shall notify the employer of the amount of the grant allowed under this part.

49-11-906.

The department may promulgate rules to effectuate the purposes of this act in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

49-11-907.

The department may establish an application fee sufficient to offset the costs of administering this part.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it.

Amendment No. _____

Signature of Sponsor

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Date	_____
Time	_____
Clerk	_____
Comm. Amdt.	_____

AMEND Senate Bill No. 1882

House Bill No. 1858

by inserting the following new section immediately preceding the last section and renumbering the subsequent section accordingly:

SECTION _____. This act shall become operative only if the cost of the manufacture and installation of the signs is paid to the department of transportation from nonstate funds within one (1) year of the effective date of this act. The payment shall be made prior to any expenditure by the state for the manufacture or installation of the signs. The department shall return any unused portion of the estimated cost to the person or entity paying for the signs within thirty (30) days of the erection of the signs. If the actual cost exceeds the estimated cost, an amount equal to the difference in the costs shall be remitted to the department in nonstate funds within thirty (30) days of the sponsoring person or entity receiving an itemized invoice of the actual cost from the department.



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Amendment No. _____

Signature of Sponsor

AMEND Senate Bill No. 2646

House Bill No. 2326*

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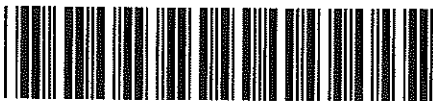
Clerk _____

Comm. Amdt. _____

by adding the following as new subsections at the end of Section 1:

(g) The department's expenditures pursuant to this section shall not exceed one million dollars (\$1,000,000) per fiscal year.

(h) This section is terminated on July 1, 2021.



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Amendment No. _____

Charles M. Dargatzis

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 410*

House Bill No. 521

by deleting the last section and substituting instead the following:

SECTION _____. This act shall take effect July 1, 2018, the public welfare requiring it.



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017643

Amendment No. _____

Dr. R. L. Ramsey
Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2364

House Bill No. 1541*

by deleting the language "shall exclude behavioral health episodes from the initiative" and substituting instead the language "shall exclude anxiety episodes and non-emergent depression episodes from the initiative".



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Amendment No. _____



Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1865*

House Bill No. 2181

by deleting the language "two million dollars (\$2,000,000)" from the preamble and substituting instead the language "one million dollars (\$1,000,000)".

AND FURTHER AMEND by deleting the language "four (4) grants in the amount of five hundred thousand dollars (\$500,000) each" from Section 1(a) and substituting instead the language "four (4) grants in the amount of two hundred fifty thousand dollars (\$250,000) each".



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Amendment No. _____

Chad M. Wanger

Signature of Sponsor

FILED
Date _____
Time _____
Clerk _____
Comm. Amdt. _____

AMEND Senate Bill No. 5*

House Bill No. 10

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 16-2-506(16)(A), is amended by adding the following language as a new subdivision:

(iv) Effective September 1, 2018, there is created an additional trial court in the sixteenth judicial district. The type of court, type of judge to preside over the court, and part of court shall be designated as provided in § 16-2-512. The governor shall appoint a person to serve as an additional judge or chancellor, and the person so appointed shall serve in that capacity until September 1, 2020, or until the person's successor is elected and qualified. At the August 2020 general election, the qualified voters of the sixteenth judicial district shall elect an additional judge or chancellor to serve until September 1, 2022, or until the person's successor is elected and qualified. At the August 2022 general election, and every eight (8) years thereafter, the qualified voters of the sixteenth judicial district shall elect an additional judge or chancellor for a full eight-year term.

SECTION 2. Tennessee Code Annotated, Section 16-2-506(19)(A), is amended by adding the following language as a new subdivision:

(vii) Effective September 1, 2018, there is created an additional trial court in the nineteenth judicial district. The type of court, type of judge to preside over the court, and part of court shall be designated as provided in § 16-2-512. The governor shall appoint a person to serve as an additional judge or chancellor, and the person so appointed shall serve in that capacity until September 1, 2020, or until the person's successor is



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elected and qualified. At the August 2020 general election, the qualified voters of the nineteenth judicial district shall elect an additional judge or chancellor to serve until September 1, 2022, or until the person's successor is elected and qualified. At the August 2022 general election, and every eight (8) years thereafter, the qualified voters of the nineteenth judicial district shall elect an additional judge or chancellor for a full eight-year term.

SECTION 3. Tennessee Code Annotated, Section 16-2-506(21)(A), is amended by designating the existing language as subdivision (i) and adding the following language as a new subdivision:

(ii) Effective September 1, 2018, there is created an additional trial court in the twenty-first judicial district. The type of court, type of judge to preside over the court, and part of court shall be designated as provided in § 16-2-512. The governor shall appoint a person to serve as an additional judge or chancellor, and the person so appointed shall serve in that capacity until September 1, 2020, or until the person's successor is elected and qualified. At the August 2020 general election, the qualified voters of the twenty-first judicial district shall elect an additional judge or chancellor to serve until September 1, 2022, or until the person's successor is elected and qualified. At the August 2022 general election, and every eight (8) years thereafter, the qualified voters of the twenty-first judicial district shall elect an additional judge or chancellor for a full eight-year term.

SECTION 4. Tennessee Code Annotated, Title 16, Chapter 1, is amended by adding the following language as a new section:

(a)

(1)

(A) By no later than September 1, 2018, the speaker of the senate and the speaker of the house of representatives shall establish an

advisory task force to review the composition of Tennessee's current judicial districts codified at § 16-2-506.

(B) The task force shall be composed of eleven (11) members, as follows:

(i) Three (3) current trial court judges, one (1) representing each grand division, appointed by joint action of the speaker of the senate and speaker of the house of representatives;

(ii) Three (3) current district attorneys general, one (1) representing each grand division, appointed by joint action of the speaker of the senate and speaker of the house of representatives;

(iii) Three (3) current district public defenders, one (1) representing each grand division, appointed by the joint action of the speaker of the senate and speaker of the house of representatives; and

(iv) Two (2) citizen members, one (1) appointed by each speaker. The citizen members must reside in different grand divisions.

(C) The speakers shall jointly designate one (1) of the members to serve as chair of the task force.

(2)

(A) By no later than December 1, 2019, the task force shall complete its findings and recommend and publish a proposed statewide judicial redistricting plan. The plan shall provide reasonable and timely access to Tennessee's circuit, chancery, and criminal courts and shall promote the efficient utilization of publicly funded resources allocated for the courts.

(B) Prior to completing its findings and recommending this plan, the task force shall conduct at least one (1) public hearing within each of the three (3) grand divisions and shall receive oral and written testimony from interested organizations and citizens of this state. In addition, the task force shall establish a publicly accessible judicial redistricting task force page on the website of the administrative office of the courts for redistricting related information, including meeting notices, and redistricting plans.

(3) The task force shall deliver a report of its findings, as well as its proposed judicial redistricting plan, to the governor, the speakers of the senate and house of representatives, the judiciary committee of the senate, the civil justice committee of the house of representatives, and the administrative office of the courts at least one (1) week prior to publication of the proposed judicial redistricting plan.

(b)

(1) The administrative office of the courts shall provide support services to the task force created under this section.

(2) The members of the task force shall serve without compensation but shall be entitled to reimbursement of any travel expenses incurred. All reimbursement for travel expenses shall be in conformity with the comprehensive state travel regulations as promulgated by the commissioner of finance and administration and approved by the attorney general and reporter.

(3) The task force shall cease to exist upon completion of the task force's report and recommendations.

SECTION 5. This act shall take effect upon becoming a law, the public welfare requiring it.

Amendment No. _____
Signature of Sponsor _____

FILED	
Date	_____
Time	_____
Clerk	_____
Comm. Amdt.	_____

AMEND Senate Bill No. 1890

House Bill No. 1882*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 115, Part 2, is amended by adding the following language as a new section:

(a) Notwithstanding any provision of this chapter to the contrary, the commission may authorize international qualifying events for kickboxing to occur in this state if the events meet the standards required for such events by the World Association of Kickboxing Organizations or any subsequent entity recognized as the official kickboxing governing body by the International World Games Association.

(b) Pursuant to § 68-115-201, the commission shall promulgate rules to effectuate this section.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.



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Finance, Ways & Means Committee 1

Amendment No. 2 to HB1748

Sargent
Signature of Sponsor

AMEND Senate Bill No. 1786

House Bill No. 1748*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Commencing January 1, 2020, the Commissioner of Revenue shall cause to be reissued a new registration plate of a design that contains the Tri-Star symbol of the Tennessee flag and is otherwise consistent with Tennessee Code Annotated, Section 55-4-103; provided, that the issuance of the redesigned registration plate shall only be effectuated upon the existing inventory of such plates being exhausted by the Department of Revenue. Upon existing inventory being exhausted, a redesigned registration plate shall be issued at the time of the issuance of a registration plate.

SECTION 2. This act shall take effect July 1, 2019, the public welfare requiring it.

Amendment No. _____



Signature of Sponsor

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Clk _____
Comm. Amel. _____

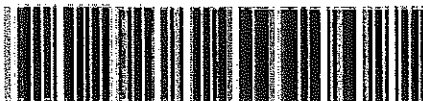
AMEND Senate Bill No. 2287*

House Bill No. 2371

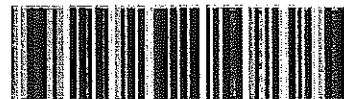
by deleting SECTION 1 and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 4-3-5403(a), is amended by deleting the subsection and substituting instead the following:

(a) The Tennessee sports hall of fame board of directors shall be composed of twenty-five (25) Tennessee citizens. Eight (8) members of the board shall be appointed by the governor, eight (8) members shall be appointed by the lieutenant governor, and eight (8) members shall be appointed by the speaker of the house of representatives. The commissioner of tourist development, or the commissioner's designee, shall serve as an ex officio voting member of the board of directors. No more than eight (8) of the appointed members shall reside in a grand division. The department of tourist development shall provide oversight to the hall of fame.



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Date _____	_____
Time _____	_____
Clerk _____	_____
Comm. Asst. _____	_____

Amendment No. _____

[Signature]
Signature of Sponsor

AMEND Senate Bill No. 2287* House Bill No. 2371

by deleting SECTION 1 and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 4-3-5403(a), is amended by deleting the subsection and substituting instead the following:

(a) The Tennessee sports hall of fame board of directors shall be composed of twenty-five (25) Tennessee citizens. Eight (8) members of the board shall be appointed by the governor, eight (8) members shall be appointed by the lieutenant governor, and eight (8) members shall be appointed by the speaker of the house of representatives. The commissioner of tourist development, or the commissioner's designee, shall serve as an ex officio voting member of the board of directors. No more than eight (8) of the appointed members shall reside in a grand division. The department of tourist development shall provide oversight to the hall of fame.



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017336

Amendment No. _____

S. McDaniel

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2520

House Bill No. 1574*

by deleting the amendatory language:

A public entity that violates any provision of this section shall be precluded from receiving grants administered by the commission and the department of economic and community development for a period of five (5) years from the date upon which a violation determination is made.

and substituting instead the language:

A public entity that violates any provision of this section shall be precluded from entering into grant contracts administered by the commission and the department of economic and community development for a period of five (5) years from the date upon which a violation determination is made.

AND FURTHER AMEND by inserting the following new section immediately preceding the last section and renumbering the subsequent section accordingly:

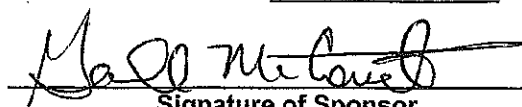
SECTION ____ Tennessee Code Annotated, Section 4-1-412(a)(7)(B), is amended by deleting the language "nameplate, plaque" and substituting instead the language "nameplate, historical marker, plaque".



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Amendment No. _____

Signature of Sponsor

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Date _____
Time _____
Clerk _____
Comm. Amdt. _____

AMEND Senate Bill No. 2165*

House Bill No. 2355

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 56-7-2360, is amended by deleting the section and substituting the following:

(a)

(1) As used in this section, unless the context otherwise requires:

(A) "Aggregate lifetime limit" means a dollar limitation on the total amount that may be paid for benefits under a health plan with respect to an individual or other coverage unit;

(B) "Annual limit" means a dollar limitation on the total amount that may be paid for benefits in a twelve-month period under a health plan with respect to an individual or other coverage unit;

(C) "Classification of benefits" means inpatient in-network benefits, inpatient out-of-network benefits, outpatient in-network benefits, outpatient out-of-network benefits, prescription drug benefits, and emergency care benefits. These classifications of benefits are the only classifications that may be used except that there may be sub-classifications within both outpatient classifications differentiating office visits from other outpatient items and services, including outpatient surgery, facility charges for day treatment centers, laboratory charges, and other medical items;

(D) "Financial requirement" includes deductibles, copayments,



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coinsurance, and out-of-pocket expenses, but excludes an aggregate lifetime limit and an annual limit;

(E) "Health benefit plan" means any hospital or medical expense policy, health, hospital, or medical service corporation contract, a policy or agreement entered into by a health insurer or a health maintenance organization contract offered by an employer, other plans administered by the state government, or any certificate issued under the policies, contracts, or plans;

(F) "Health insurance carrier" means any entity subject to the insurance laws and regulations of this state, or subject to the jurisdiction of the commissioner of commerce and insurance, that contracts with healthcare providers in connection with a plan of health insurance, health benefits, or health services;

(G) "Mental health or alcoholism or drug dependency benefits" means benefits for the treatment of any condition or disorder that involves a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental disorders section of the current edition of the International Classification of Disease or that is listed in the mental disorders section of the most recent version of the Diagnostic and Statistical Manual of Mental Disorders;

(H) "Non-quantitative treatment limitations," or "NQTLs," are limitations that are not expressed numerically, but otherwise limit the scope or duration of benefits for treatment. For purposes of this subdivision (a)(1)(H), fail-first or step therapy protocols do not include formulary designs that require the prescription, use, and a showing of ineffectiveness of generic drugs prior to approval of payment for the prescription of higher cost drugs. NQTLs include, but are not limited to:

(i) Medical management standards limiting or excluding benefits based on medical necessity or medical appropriateness, or based on whether the treatment is experimental or investigative;

(ii) Formulary design for prescription drugs;

(iii) Tier design for plans with multiple network tiers, including preferred providers and participating providers, and network tier design;

(iv) Standards for provider admission to participate in a network, including reimbursement rates;

(v) Plan methods for determining usual, customary, and reasonable charges;

(vi) Refusal to pay for higher-cost therapies until it can be shown that a lower-cost therapy is not effective, that are also known as fail-first policies or step therapy protocols;

(vii) Exclusions based on failure to complete a course of treatment;

(viii) Restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for services provided under the plan or coverage;

(ix) In- and out-of-network geographic limitations;

(x) Standards for providing access to out-of-network providers;

(xi) Limitations on inpatient services for situations where the participant is a threat to self or others;

(xii) Exclusions for court-ordered and involuntary holds;

(xiii) Experimental treatment limitations;
(xiv) Service coding; and
(xv) Exclusions for services provided by clinical social workers;

(I) "Predominant" means application to more than one-half (1/2) of such type of limit or requirement;

(J) "Substantially all" means application to at least two-thirds (2/3) of all medical or surgical benefits in a classification; and

(K) "Treatment limitation" includes limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.

(2) In addition to any other requirement of law concerning coverage of mental health or mental illness benefits or alcoholism or drug dependency benefits, including, but not limited to, §§ 56-7-2601 and 56-7-2602, any individual or group health benefit plan issued by a health insurance carrier regulated pursuant to this title shall provide coverage for mental health or alcoholism or drug dependency services in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) (Pub. L. No. 110-343) found at 42 U.S.C. § 300gg-26 and its implementing regulations found at 45 CFR § 146.136 and 45 CFR § 147.160.

(b) Nothing in subsection (a) prohibits an employee health benefit plan, or a plan issuer offering an individual or group health plan from utilizing managed care practices for the delivery of benefits required under this section, as long as that for any utilization review or benefit determination for the treatment of alcoholism or drug dependence the clinical review criteria is the most recent Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions established by the American Society of Addiction Medicine or other evidence-based clinical guidelines, such as those referenced by the

federal substance abuse and mental health services administration (SAMHSA). No additional criteria other than in this subsection (b) may be used during utilization review or benefit determination for treatment of substance use disorders.

(c) The mandate to provide coverage for mental health services does not apply with respect to a group health plan if the application of the mandate to the plan results in an increase in the cost under the plan of more than one percent (1%). Documentation of the increase in cost must be filed with the department after twelve (12) months of experience. If the commissioner determines that the increase in cost is a result of the requirements of this section, the commissioner or the commissioner's designee shall issue a letter to the issuer of the plan stating that the plan does not have to comply with the mandate set out in this section. The issuer may appeal the letter as final agency action pursuant to the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(d) The department of commerce and insurance shall implement and enforce applicable provisions of the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) (Pub. L. No. 110-343), this section, and §§ 56-7-2601 and 56-7-2602, which include:

- (1) Ensuring compliance by individual and group health benefit plans;
- (2) Detecting possible violations of the law by individual and group health benefit plans;
- (3) Accepting, evaluating, and responding to complaints regarding such violations; and
- (4) Maintaining and regularly reviewing for possible parity violations a publicly available consumer complaint log regarding mental health or alcoholism or drug dependency coverage; provided, that individually identifiable information shall be excluded.

(e) Not later than January 31, 2020, the department shall issue a report to the

general assembly and provide an educational presentation to the general assembly.

The report and presentation shall:

(1) Discuss the methodology the department is using to check for compliance with the MHPAEA, and any federal regulations or guidance relating to the compliance and oversight of the MHPAEA, including 45 CFR 146.136;

(2) Discuss the methodology the department uses to check for compliance with this section and §§ 56-7-2601 and 56-7-2602;

(3) Identify market conduct examinations conducted or completed during the preceding twelve-month period regarding compliance with parity in mental health or alcoholism or drug dependency benefits under state and federal laws and summarize the results of such market conduct examinations. Individually identifiable information shall be excluded from the reports consistent with federal privacy protections, including, but not limited to, 42 U.S.C. § 290dd-2 and regulations found at 42 CFR § 2.1 through 42 CFR § 2.67. This discussion shall include:

(A) The number of market conduct examinations initiated and completed;

(B) The benefit classifications examined by each market conduct examination;

(C) The subject matter of each market conduct examination, including quantitative and non-quantitative treatment limitations; and

(D) A summary of the basis for the final decision rendered in each market conduct examination;

(4) Detail any educational or corrective actions the department of commerce and insurance has taken to ensure health benefit plan compliance with this section, the MHPAEA, 42 U.S.C. § 18031(j), and §§ 56-7-2601 and 56-7-2602;

(5) Detail the department's educational approaches relating to informing the public about mental health or alcoholism or drug dependence parity protections under state and federal law; and

(6) Describe how the department examines any provider or consumer complaints related to denials or restrictions for possible violations of this section, the MHPAEA, 42 U.S.C. § 18031(j), and §§ 56-7-2601 and 56-7-2602, including complaints regarding, but not limited to:

(A) Denials of claims for residential treatment or other inpatient treatment on the grounds that such a level of care is not medically necessary;

(B) Claims for residential treatment or other inpatient treatment that were approved but for a fewer number of days than requested;

(C) Denials of claims for residential treatment or other inpatient treatment because the beneficiary had not first attempted outpatient treatment, medication, or a combination of outpatient treatment and medication;

(D) Denials of claims for medications such as buprenorphine or naltrexone on the grounds that they are not medically necessary;

(E) Step therapy requirements imposed before buprenorphine or naltrexone is approved; and

(F) Prior authorization requirements imposed on claims for buprenorphine or naltrexone, including those imposed because of safety risks associated with buprenorphine.

(f) The report issued pursuant to subsection (e) must be written in non-technical, readily understandable language and shall be made available to the public by posting the report on the department's website and by other means as the department finds appropriate. The name and identity of the health insurance carrier must be given

confidential treatment, may not be made public by the commissioner or any other person, and shall not be subject to public inspection pursuant to § 10-7-503.

(g) Benefits under this section shall not be denied for care for confinement provided in a hospital owned or operated by this state that is especially intended for use in the diagnosis, care, and treatment of psychiatric, mental, or nervous disorders.

(h) Nothing in this section applies to accident-only, specified disease, hospital indemnity, medicare supplement, long-term care, or other limited benefit hospital insurance policies.

(i) The commissioner is authorized to promulgate rules to effectuate the purposes of this section. The rules must be promulgated in accordance with the Uniform Administrative Procedures Act.

(j) Nothing in this section shall be construed as requiring the disclosure of any information that would violate 42 U.S.C. § 290dd-2 and regulations found at 42 CFR § 2.1 through 42 CFR § 2.67.

SECTION 2. Tennessee Code Annotated, Title 56, Chapter 7, Part 10, is amended by adding the following as a new section:

(a) Whenever the commissioner performs a market conduct examination of a health insurance carrier that issues a health benefit plan under the jurisdiction of the department of commerce and insurance for compliance with § 56-7-2360, the examination shall include, but not be limited to, the following information:

(1) A description of the process used to develop or select the medical necessity criteria for mental health or alcoholism or drug dependency benefits and the process used to develop or select the medical necessity criteria for medical and surgical benefits;

(2) Identification of all non-quantitative treatment limitations (NQTLs) that are applied to both mental health or alcoholism or drug dependency benefits and medical and surgical benefits; and

(3) The results of any analysis that may have been performed by a health insurance carrier that demonstrates that for the medical necessity criteria described in subdivision (a)(1) and for each NQTL identified in subdivision (a)(2), as written and in operation, the processes, strategies, evidentiary standards, or other factors used to apply the medical necessity criteria and each NQTL to mental health or alcoholism or drug dependency benefits are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used to apply the medical necessity criteria and each NQTL, as written and in operation, to medical and surgical benefits. The results of the analysis may:

(A) Identify the factors used to determine that an NQTL will apply to a benefit, including factors that were considered but rejected;

(B) Identify and define the specific evidentiary standards used to define the factors and any other evidentiary standards relied upon in designing each NQTL;

(C) Identify and describe the methods and analyses used, including the results of any relevant analyses, to determine that the processes and strategies used to design each NQTL as written for mental health or alcoholism or drug dependency benefits are comparable to, and no more stringent than, the processes and strategies used to design each NQTL as written for medical and surgical benefits;

(D) Identify and describe the methods and analyses used, including the results of any relevant analyses, to determine that processes and strategies used to apply each NQTL in operation for mental health or alcoholism or drug dependency benefits are comparable to, and no more stringent than, the processes or strategies used to apply each NQTL in operation for medical and surgical benefits;

(E) Disclose the specific findings and conclusions reached by the health insurance carrier that the results of any relevant analyses under this subsection indicate that the health insurance carrier is in compliance with this section and the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) (Pub.L. No. 110-343), and its implementing regulations, including 45 CFR 146.136 and any other applicable regulations; and

(F) Identify any other information necessary to clarify data provided in accordance with this section requested by the commissioner, including information that may be "proprietary" or have "commercial value." Any information submitted that is proprietary shall not be made a public record under title 10, chapter 7.

(b) The health insurance carrier's chief executive officer and chief medical officer shall sign a certification that affirms that the health insurance carrier has completed a comprehensive review of its administrative practices for the prior calendar year for compliance with the necessary provisions of this section and §§ 56-7-2601 and 56-7-2602, and the MHPAEA.

(c) Separate NQTLs that apply to mental health or alcohol or drug dependency benefits but do not apply to medical and surgical benefits within any classification of benefits are not permitted.

SECTION 3. This act shall take effect January 1, 2019, the public welfare requiring it. This act shall apply to policies and contracts entered into or renewed on and after January 1, 2019.